

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED SEP 24 1948

THE STATE BOARD OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30899

8043

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis Mo
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: White Hotel 1400 Olive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 yrs (Specify whether years, months or days)
In this community 30 yrs

3. (a) PRINT FULL NAME Achilles Ceiri

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased UNK
(Month) (Day) (Year)
8. AGE about 61 Years Months Days If less than one day hr. min.

9. Birthplace Italy (City, town, or county) (State or foreign country)

10. Usual occupation BARTENDER

11. Industry or business

12. Name UNK

13. Birthplace Italy (City, town, or county) (State or foreign country)

14. Maiden name UNK

15. Birthplace Italy (City, town, or county) (State or foreign country)

16. (a) Informant Joe Gallina

(b) Address 1525 MARKET

17. (a) BURIAL (b) Date thereof Sept 16, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director MICHAEL & SONS

(b) Address 1150 N. Kings Highway

19. (a) SEP 14 1948 (b) J. L. Braden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1421 1/2 Olive - White Hotel (If rural, give location)
(e) Citizen of foreign country? UNK (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 13
year 1948 hour 10:02 minute 2 A.M.

21. I hereby certify that I attended the deceased from Sept 10 to Sept 13, 1948
that I last saw him alive on Sept 10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia Purkin

Due to infection 108

Due to infection

Other conditions depression condition
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury

23. Signature A. J. J. J. (M. D. or other)

Address 1638 1/2 Blvd Date signed 9-13-48

MAY 27 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Elmer R. Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.